

**Meeting Minutes of
The Governor's Council on Behavioral Health
1:00 P.M., Tuesday, November 15, 2005**

The Governor's Council on Behavioral Health met at 1:00 p.m. on Tuesday, November 15, 2005 in Barry Hall's Conference Room 126, 14 Harrington Road, Cranston, Rhode Island.

Members Richard Leclerc, Chair; Cynthia Barry; Carrie Blake; Sandra DelSesto; Joseph Le;
Present: Neil Corkery; Chaz Gross for Nicky Sahlin; Reed Cosper and Bruce Long.

Ex-Officio George McCahey and Sandra Wood, DCYF; Collen Polsely, Department of Health;
Members Fred Friedman, Department of Corrections; and Marie Strauss, Department of Elderly
Present: Affairs

Guests: Michael Johnson, Executive Director, South Shore Mental Health Center; Jill Beckwith, Rhode Island Kids Count; and Tom Coderre,

Staff: Charles Williams, Mary Ann Nassa, Jim McNulty, Corinna Roy and Marco Andrade.

Once a quorum was established, the Chair, Richard Leclerc, called the meeting to order at 1:10 p.m.

After introductions were conducted, the Chair entertained a motion to accept the Minutes of October 13, 2005. Neil Corkery motioned to approve the minutes, and Tom Coderre seconded the motion. All were in favor, and the minutes were approved as written.

BLUE CROSS PRESENTATION

Richard Leclerc announced that Bill Hancur of Blue Cross and Blue Shield of Rhode Island was unable to attend the meeting as planned because of a last minute emergency and rescheduled his presentation for the January 2006 meeting. Richard also noted that a representative from United Healthcare will be attending the December meeting to discuss their behavioral healthcare benefits package and options to their subscribers.

**UPDATE ON NATIONAL POLICY ACADEMY ON CO-OCCURRING DISORDERS
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Richard Leclerc introduced Marco Andrade from the Division of Behavioral Health to conduct a presentation on the Rhode Island State Co-Occurring Action Plan.

Beforehand, Charles Williams, recently appointed Director of Prevention and Planning at the Division of Behavioral Healthcare, spoke to the Council about the evolution of the Plan. A copy of the Plan, which had been e-mailed to members prior to the meeting, was distributed (*see Attachment I*).

Charles stated that the Division has been developing this Plan since staff attended the National Policy Academy on Co-Occurring Disorders. As a result of that conference, the State needed to organize an action plan for addressing the issue of co-occurring disorders. Charles stated that the Division has been working on it, and Version 8 of the plan was being presented today. This version, plus whatever feedback they receive, will be the version that will be submitted to Washington, D.C. to be reviewed by the Center for Substance Abuse Treatment's technical assistance team before being forwarded to their project officer who will comment on it and send it back to Rhode Island for finalization. Charles explained that Marco's presentation walks through the Plan, its strategies and steps, and will give a complete overview of the Plan. Charles asked that after review of the Plan, that comments be provided back to Marco through November 17, 2005 to Marco Andrade (mandrade@mhrh.ri.gov). Feedback received after the 17th will not be able to be included in the submitted State Plan but will be incorporated into the State Plan as determined by the Co-occurring Disorders (COD) planning team.

Charles stated that it is their intent and commitment to work closely with the advisory council and others so that as they go forward with the Plan and rolling the Plan out, it has the full involvement of stakeholders, including consumers and families, as well as members of the Council and other groups that would need to be involved in addressing the issue of co-occurring disorders in the population. Charles further stated that one of the working thoughts is that this a no-wrong door plan; therefore, it makes no difference if a client presents with a primary psychiatric disorder or presents with a primary substance abuse disorder, they will, over the course of time, receive the appropriate treatments if they do have co-occurring disorders. Charles then introduced Marco Andrade to present the Plan and welcomed any questions or discussion after its presentation.

Marco distributed an outline of the PowerPoint presentation (*see Attachment II*). Marco stated that this was all initiated a few years ago with the creation of the Co-occurring Centers for Excellence (COCE). This past July a planning group from Rhode Island participated in a two-day, pre-site visit with COCE where they developed the early ideas for the State Plan. Marco recalled that in September three MHRH staff along with Frank Spinelli of Health and Human Services and Noreen Mattis attended a conference in Philadelphia. At that conference those individuals expanded the work done in the pre-site visit to develop the action plan being presented today. It was brought back to Rhode Island where work on it has continued.

Clinically it was necessary for other stakeholders to be involved as well. Marco expressed that although this document has been worked on in house within MHRH, the document is open, is not final, and requested any feedback that listeners might have.

As a result, the Plan presented represents their best efforts to create a behavioral health co-occurring disorder system-of-care driven by consumer need.

Marco quickly reviewed the action plan strategies as indicated in the outline distributed (*see Attachment II*). Marco stated that there have been a number of conference calls with folks from COCE and NDRI who are contracted with COCE to provide technical assistance. Marco stated that Rhode Island's planning group has reviewed other states' Plans and feels confident that this Plan is on target. Marco requested feedback on the Plan from the Governor's Council by November 17. Marco stated that the Plan will be submitted to SAMHSA on November 18 for a 30-day review and is not expected back until after the holidays. The Plan is not final and work will continue on it even after its submission to SAMHSA. Once SAMHSA returns the Plan with their feedback, final steps will be made to complete the Plan. Marco stated that the Governor's Council is mentioned in the Plan as a contributor or reviewer and hopefully the Plan review will become an agenda item at regular meetings.

SAMHSA is not giving money to implement the Plan and therefore, it should be accomplished with the resources available; however, the strength of the Plan provides Rhode Island with a stronger argument for funding for upcoming grants. In April or May, as a kick off, they plan to roll the Plan out and start workgroups to launch the process of working on specific steps.

Sandra DelSesto asked if there was a section that discussed transitioning within the Behavioral Healthcare system for children into the adult system. Sandra pointed out that this transition is a considerable gap and strongly encourages the consideration of incorporating that issue into the Plan. Neil Corkery recalled in the Minutes of October 13, 2005, Noreen's comments regarding reimbursement streams that would empower such a coordinated system and asked if that had been

addressed in the Plan. Neil asked if the plan is strictly a State plan without changing any of the funding streams of the federal government.

Marco stated that part of this plan does deal with financial incentives. For example, some states have looked at the block grant money trying to figure out how they might work with that differently, or working with the health insurance providers and how they might be able to contribute to reimbursement. Medicaid money and things of that nature that are within the Plan need to be explored.

Marco referred to Page 7 of the Plan, Action 2.3.5, *Explore the creation of a braided funding system that allows client to move seamlessly through a continuum of care for COD*, stating that it is within the Plan as an exploratory item.

Neil Corkery stated that there has to be some element included that addresses a medical model and suggested a collaborative effort with the Department of Health (HEALTH) and/or the medical profession.

In response Marco stated that there are a couple of action steps in place working with the Allied Advocacy Group (AAG), as well as working with HEALTH around their physician's initiative.

Sandra DelSesto referred to Page 7 of the Plan, Strategy 3.1 regarding workforce capacity and core competencies, suggesting that Marco contact Johanna Greenfelder regarding work already completed that addresses this issue and link it with the certification for co-occurring staff.

Charles Williams reviewed some definitions within the Plan:

- The national outcome measures SAMHSA has put forth cross all three of the centers that comprise SAMHSA – Mental Health Services, Substance Abuse Treatment, and Substance Abuse Prevention. There are ten measures and of those measures there is a core of about six that have outcomes for mental health or substance abuse treatment and for substance abuse prevention. There are a couple of measures that don't have any substance abuse prevention outcomes, and there are a couple that don't have any mental health outcomes.
- The block grant, on the substance abuse side and probably true on the mental health side but not sure about the time frame, will be moving to a performance-type block grant, performance partnerships; and rather than measuring strategies or counting numbers, the block grant will be focused on the outcomes that each state is achieving on the appropriate outcome measures. There will some period of negotiation between the state and SAMHSA around this issue.
- SPF SIG State Epi Workgroup – Strategic Prevention Framework State Incentive Grant. It is a five-year grant from the Center of Substance Abuse Prevention that includes a state epidemiological workgroup and is a framework for prevention that is data driven and looks at local and statewide epidemiological data. From those information sources, a plan develops, resources are assessed, the plan is implemented and evaluated, and starts all over again. The SPF looks as though it will, in various forms, flow across SAMHSA and filter into the substance abuse treatment side, including language from last year's mental health transformation state incentive grant requests for applications with more included in it this year.
- R and P are risk and prevention factors.

Charles Williams restated that there are no funds offered for the development of the Plan and its development does not guarantee that if an application for a co-occurring state incentive grant is

submitted that Rhode Island will get the grant. This is intended to better prepare for application for the grant.

Marco reiterated that the Plan is not final, but will be submitted on November 18th. Continued discussion will follow to make sure that the Plan is responsive to what goes on and to do things that are manageable to maintain a commitment to the work that has already begun. The final Plan is anticipated to be submitted some time in January or February of 2006.

Richard Leclerc asked that everyone take some time to review the Plan and get their suggestions to Marco by November 17th.

BLOCK GRANT PEER REVIEW

Richard Leclerc reported that he and Corinna Roy attended the block grant peer review meeting held in Baltimore on October 19th. George McCahey of DCYF attended by means of telecommunications. Richard reported that this year's format was similar to last year's in that there was peer review of about 15 individuals from various representative organizations from throughout the country that had read Rhode Island's block grant and had questions. A one-hour presentation was given regarding where the state is going, what is planned, and what has been accomplished. The end result was their asking for two technical modifications to the plan. Richard stated that they required more information about how the state measures and addresses Outcome of Care with regard to children's services; and with regard to adult services, they required additional information on details of what benefits are provided to clients for health, medical, and dental.

Corinna Roy stated that their response to peer review is being put together and will be sent out next week with a copy of the Peer Review Response included with the next minutes. Corinna added that the block grant application will be updated to reflect the Peer Review Response and will be available on line.

There was discussion regarding the dental coverage reimbursement that is offered, not being accepted by dentists in Rhode Island. George McCahey added that there is a dental component included in the RITECare Program; however, it is also well known that coverage is very restrictive.

Jill Beckwith commented that Senator Roberts leads an Oral Health Commission, and DHS is going to be implementing a dental benefit manager for children zero to six years old, starting early next year. This benefit will improve the Medicaid benefit to aide children on RITECare and medical assistance and is expected to be expanded over time. Jill stated that funds were not appropriated by the legislature last year, and Rhode Island is one of the few states that don't have dental benefits for adults in Medicaid; however, they are on the books, but reimbursement rates are so low that most dentists will not accept it, oral surgeons in particular.

UPDATES FROM DCYF

George McCahey reported that Jay Lindgren, Jr. has retired from state service, and over the past seven months he was spearheading the progress of the design and implementation of the new training school.

George reported that the Department has just hired a new position, Outcome and Data Analysis Coordinator, which fits into the issue of turning outcome data into useful information for planning.

George reported, relative to the block grant, that he had sent via e-mail to Corinna the response to the issue raised at the peer review regarding the client's perception of care outcomes.

OLD/NEW BUSINESS

Sandra DelSesto stated that while in attendance at a recent meeting regarding the SIG there was a statement made that there may not be a final year of funding in the community and asked Charles Williams what the status is, when they will know, and if there are actions that can be taken.

Charles Williams stated that the initial SIG was for two years which was extended out for an additional three years to five years and Rhode Island was a little slow in getting the dollars out to community-based providers. Charles stated that this is the fifth year of the grant and is the second year of funding for the community providers and they were due to get three year's of funding. Therefore, they are looking at roughly a nine-month shortfall because of the difference between their fiscal year and the federal fiscal year. Charles reported that he has not had any conversation with CSAP about what will be done in terms of the sixth year. Charles further reported that the conversations that have been had with CSAP up until this point did not seem particularly hopeful. Charles has met with some of the local providers and there is no plan in place to address the year three of funding. He stated that that is something that will happen, but he needs to figure out how much money is available. He has not conversed with the people managing the SPF SIG, but will be meeting with them next week to see if there is a possibility that some of the funding for the regular SIG sub-recipients can be picked up by the SPF.

Charles stated that he told the providers that he had met with earlier that it is in their own best self-interest to figure out how they will fund year three, if at all, because there is no guarantee that the state is going to be able to come up with the money.

Sandra DelSesto made a motion that the Council support the third year funding for the SIG sub-recipients. Neil Corkery seconded the motion. All were in favor and the motion was carried.

Richard Leclerc reported that both the house and the senate are slating anywhere from 10 to 30 billion dollars in cuts in Medicaid and there is no reconciliation of that at the present time. Richard stated that in discussions with the congressional delegation, they are fairly unanimous in opposing those cuts and have asked that the Governor take a public position. The Governor's office is sending a copy of a letter that he had sent our congressional delegation opposing some of the Medicaid cuts being proposed. Richard stated that the Governor's Council has gone on record as opposing the cuts.

Richard restated that at next month's meeting there will be a representative from United Healthcare's Behavioral Health to talk about the behavioral healthcare benefits offered to their subscribers.

ADJOURNMENT AND NEXT MEETING

There was no further business. Upon motion made and seconded, the meeting adjourned at 2:10 p.m. The next meeting of the Council is scheduled for **Thursday, December 8, 8:30 a.m. in the first floor Conference Room 126 at the Barry Hall Building.**

Minutes respectfully recorded and submitted by:

Mary Ann Nassa
Governor's Council Secretary

Attachment I: Rhode Island State Co-Occurring Action Plan
Attachment II: Outline of PowerPoint Presentation